

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5		1		1			55	
6		1		1			56	
7		1		1			57	
8		1		1			58	
9	1		1				59	
10		1		1			60	
11		2		1			61	
12		2		1			62	
13		1		1			63	
14		1		1			64	
15		1		1			65	
16		1		1			66	
17		1		1			67	
18		1		1			68	
19	1		1				69	
20		1		1			70	
21		1		1			71	
22		2		1			72	
23		2		1			73	
24		1		1			74	
25		1		1			75	
26	1						76	
27							77	
28							78	
29							79	
30							80	
31							81	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3		3				TOTAL IND.	
TOTAL DEP.		20		20			TOTAL DEP.	
TOTAL CLAIMS		23		23			TOTAL CLAIMS	

PTO-1350 (3-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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